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ABSTRACT

The diagnostic labeling of exceptional children was investigated in two experiments. In the first experiment videotapes of simulated parent/diagnostician label and no-label sessions were viewed by different groups of college students who then reported their perceptions of the child on a questionnaire. Results indicated that label subjects felt they understood the child's problem better. In the second experiment, perceptions of parents of clinic children were compared to perceptions of parents of "labeled" children. Results indicated that use of labels correlated positively with parents having a sense of closure and understanding the child's problem and with their acceptance of the child. These results suggest that diagnostic labels may have beneficial effects for exceptional children. (Author)

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Effects of Diagnostic Labels on Perceptions of Children's Behavior Disorders

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Running Head: Diagnostic Labels

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Abstract

There has been much recent criticism of the diagnostic labeling of exceptional children. On the other hand, labels may help people to feel they understand a child's deviant behavior and may elicit more favorable, accepting attitudes. These hypotheses were examined in Experiment 1 using videotapes of simulated parent/diagnostician sessions. Label and no label sessions were viewed by different groups of college students who then reported their perceptions of the child on a questionnaire. It was found that label subjects felt they understood the child's problem better. In Experiment 2, similar hypotheses were examined with parents of clinic children by comparing parents perceptions of the child with labeling practices that had reportedly been used. It was found that use of labels correlated positively with parents having a sense of closure and understanding the child's problem, and with their acceptance of the child. These results suggest that diagnostic labels may have beneficial effects for exceptional children.

Effects of Diagnostic Labels on Perceptions of Children's Behavior Disorders

There has been considerable recent controversy concerning the use of diagnostic labels with exceptional children (Hobbs, 1975). Critics have argued that labels create negative social stigmas and low self concept, that misapplication of labels results in a self-fulfilling prophecy, that the diagnosis of behavior disorders is unreliable, and that the "medical model", which diagnostic labels imply, is not relevant to children's behavior disorders.

On the other hand, studies that purport to show the negative effects of labeling have been severely criticized on methodological issues (MacMillan, Jones, and Aloia, 1974). There have also been suggestions that labeling may have beneficial effects. For example, Farina, Thaw, Felner, and Hust (1976) found that confederates labeled mentally retarded were given shorter, less intense shocks in the course of a learning task than were confederates who were labeled normal. Thus, a deviant individual may be treated more favorably when a label provides some explanation for his behavior.

In a similar way, anecdotal evidence suggests that failure to provide a label for an exceptional child is disconcerting to parents. For example, when labels are avoided, and instead a specific, detailed description of the child's areas of strengths and weakness is presented to parents following a diagnostic evaluation, parents will frequently say, "Yes, but what has my child got?" Parents apparently feel they do not understand

the nature of the child's problem when there is no diagnostic label. Somehow, the label seems to explain problem behavior. Because the child's behavior can be attributed to a specific condition, other people may be more understanding and accepting of the child. The child might also be expected to make better progress, since the labeled condition may be perceived a target for effective treatment.

The purpose of the present study was to investigate the effects upon parents of using vs. not using diagnostic labels with their children. First, in Experiment 1, we showed undergraduates videotapes of simulated parent conferences and questioned students after they had seen label or no label conferences. In Experiment 2, we contacted parents of actual clinic children to determine if there was a relationship between labeling practices and parent perceptions of their children. It was hypothesized that subjects who were exposed to labels would feel a sense of closure since they felt they more fully understood the nature of the child's problem, that they would view the child more favorably since they could attribute his behavior to the label, and that they would make more optimistic predictions about the child's outcome since they would view a specific condition as more treatable.

Experiment 1: Videotapes in the Laboratory

Method

Subjects were 96 students from psychology classes. Subjects were randomly assigned either to a label or no label group. Both groups first viewed a videotape of a simulated diagnostic interview between a

mother and a psychologist in which the parent voiced the various concerns with her nine year old son that led her to seek help. Among the problems mentioned were poor motivation and achievement in school, disruptiveness in class, a continuously high level of activity and difficulty in expressing himself clearly. A second tape segment was then viewed by the subjects in which the psychologist, presumably having evaluted the child, presented the diagnostic findings and treatment recommendations to the mother. General levels of performance were reported for the various areas tested. For example, it was reported that while the child was performing at an average level in nonlanguage areas such as math, performance in verbal areas was much below average, with reading and grammatical skills being definite deficits. Recommendations included special classes for the child, as well as a series of parent-psychologist consultations. The second tape segment was nearly identical for both groups of subjects except that in the label group, the psychologist repeated the term "specific learning disability in the language area" several times throughout the session. The no label group never heard this term. The videotape lasted approximately 10 minutes.

Subjects were instructed to try to imagine themselves in the position of the parent, as they viewed the tapes and answered a questionnaire immediately following the second tape segment. The questionnaire had 32 Likert-type items which were designed to assess (1) Closure - a sense of completion or relief from feeling they understood the nature of the child's problem (e.g., "I feel the need for a longer consultation with the psy-

chologist.") (2) Prognosis - future expectations for the child (e.g., I think treatment can be successful in helping this child) and (3) Traits - whether subjects rated the clients as possessing desirable traits (e.g., Compared to the average child, rate Jerry as above average, average, or below average on leadership ability). Responses to the questions for each factor were arithmetically combined to give three pooled scores for each subject.

Results

The results revealed that the Closure hypothesis was supported. When questions related to Closure were summed, the label group (mean = 4.3) indicated they felt they understood the nature of the child's problem significantly better than did the no label group (mean = 5.5), $F(1,94) = 5.97$, $p<.01$. One of the individual questions related to closure ("I feel the psychologist's explanation seemed vague and unclear") also resulted in expected differences, $F(1,94) = 3.88$, $p<.05$, between the two groups. All other group differences for the individual Closure questions, though in the predicted direction, did not reach statistical significance.

The remaining questions, concerning Prognosis and Traits, yielded no significant differences between the two groups. However, the summated questions and the majority of the individual questions were answered in the predicted direction. Thus, the main effect of labels upon subjects exposed to the brief videotaped sessions was to provide subjects with a sense of Closure about the child they had heard discussed.

Experiment 2: Parent Survey in the Field

This study was designed to follow up the laboratory findings above to determine if the results generalized to actual parents of children with behavior disorders. The plan was to determine if there was a relationship between parents' report of clinic labeling practice and parents' perceptions of their children.

Method

Subjects. Parents were recruited from three local child service agencies. The agencies were selected to provide a sample of parents who had probably experienced a variety of labeling procedures. Two were programs for children with dyslexia which evalute and provide instruction. Questionnaires were sent home to parents of currently enrolled students. Both of these schools use the label "dyslexia" extensively in the programs. The other agency was a comprehensive child behavior evaluation center which serves a wide variety of exceptional children and is not committed to labeling. Labeling practices there apparently vary with individual staff members. Cases were selected from the evaluation center files that met the following criteria: (1) The child had been evaluated within the past 2 years, (2) The child was between the age of 3 years and 12 years at the time of evaluation and (3) the child had been given one of the following diagnoses on official records: mild or borderline mental retardation, schizophrenia-childhood type, neurosis, personality disorder, behavior disorder of childhood, transient situational disturbance, diagnosis deferred. (These diagnoses were selected because they tend to be more

ambiguous and perhaps not as likely to be labeled for parents as, for example, severe and profound mental retardation. It was hoped these plus the dyslexia labels would provide a good range of labeling practices.

Procedures. Letters were sent to parents requesting that they complete the questionnaire and return it anonymously in a prepaid self addressed envelope. A total of 173 questionnaires were distributed and 48 usable questionnaires were returned. The questionnaire, which is reproduced in Table 1, included 12 Likert-type items. The questionnaire was designed to provide 4 questions related to each of the following factors: (1) Closure - sense of understanding the child's problem (Questions 3-6); (2) Acceptance - favorableness of perception of child (Questions 7-10), (3) Prognosis - future expectations for the child (Questions 11-14). There were also 2 items (Questions 1 & 2) designed to measure the degree to which parents perceived they had been given a label by the agency.

Results

In spite of our attempts to try to sample a variety of labeling practices, most parents (81%) indicated they had been given a label. While we expected this at the two dyslexia schools, we had hoped that parents of the other agency would usually have been given behavioral descriptions rather than a definite diagnosis. Unfortunately, the small sample of no label parents limits the scope of our study.

Responses from questions 1 and 2 regarding whether or not the parent had been given a diagnosis were combined to form a labeling measure to

correlate with other responses on the questionnaire. Table 1 reveals that the availability of a label was directly related to parents' sense of Closure. The four Closure questions, when summated, correlated positively with labeling score (r = +.27, p<.03). Responses to one particular question, regarding clarity of explanation (#3), correlated substantially (r = +.41, p<.002) with degree of labeling. For the remaining Closure questions, the signs of the correlations were in the predicted directions but were not statistically significant.

As with Closure, the labeling measure correlated positively with parents' acceptance of child (r = +.32, p<.01). Question 7, "The joys of raising this child outweigh the problems," was strongly related to labeling (r= +.49, p<.001). For the remaining Acceptance Questions, the correlations were smaller but still statistically significant in the predicted direction. The remaining series of questions related to Prognosis yielded a small correlation, in the predicted direction, but was only marginally significant (r = +.19, p<.09).

The data were also analyzed by splitting the subjects into two groups based on whether or not parents said they had been given a definite diagnosis (Question 2). (Question 1 was not considered here because some subjects gave inconclusive responses [e.g., "The diagnosis for my child was good"] and some Question 1 answers were inconsistent with answers to Question 2.) This procedure yielded 39 label subjects and 9 no label subjects. Results from splitting the groups are summarized in Table 1.

Table 1 reveals that these results are similar to those obtained using

correlations. Parents who had a label for their child had a greater sense of Closure, Question 1-4, $p<.05$. They felt they had been given a clearer explanation, Question 3, $p<.001$. The other Closure questions were answered in the predicted direction, though the differences between the label and no label groups were not statistically significant. Label parents had more Accepting views of their children than did the no label parents, Questions 7-10, $p<.02$. For example, the label parents indicated greater joy in raising the child, Question 7, $p<.001$. On other questions, differences were in the predicted direction but were not statistically significant. The two groups of parents did not differ on the set of Prognosis Questions 11-14. However, the no label parents did predict that it would be more difficult for their children to be successful, Question 13, $p<.04$. The differences for the other prognosis questions, except Question 11, were in the predicted direction but were not statistically significant.

Discussion

The present findings, from both laboratory and field data, suggest that labels provide parents with a sense of closure about the nature of the child's behavior disorder and generate more favorable perception of the child. These labeling effects are apparently powerful ones if they can be elicited by a mere brief exposure to an artificial videotape or from recollection of a clinician's report up to two years prior to the survey. The findings demonstrate that labeling provides at least some clearly beneficial effects for exceptional children and their parents. Parents apparently want to know what their children's problems are

called and are able to view the child more favorably when they have a name for his or her problem behavior.

The generalizability of the present results is limited somewhat by several factors in this study. Experiment 1 only examined the effects of the label learning disability and different results might occur with other labels. In Experiment 2, the rate of questionnaire return was relatively low and the sample size of no label parents was small. Also, since Experiment 2 was a correlational study, no conclusion can be made concerning the causative role of labels. For example, parents may have supplied a label because they understood the child's problem, rather than understood the child's problem because they had a label. It is also possible some third factor, such as severity of problem was causative, though casual inspection of the data suggests that there was no relationship between severity and labeling practice. In spite of the above limitations, the fact that the results of the laboratory study and field study converge suggests that labeling may have had a causative role in perceptions.

There are several possible explanations for the fact that labels provide a sense of closure and generate more accepting attitudes. A number of psycholinguistic studies of thought and language provide evidence that names render nonsense more meaningful, assist memory, and facilitate communication (c.f., Lenneberg, 1967, and Bourne, Ekstrand & Dominowski, 1971). Thus, providing parents with a diagnostic label may give them a sense of closure because they can think and talk about the problem easier, and because they can understand and remember the

clinician's explanation better.

Labels may generate more favorable views of the child because a parent attributes troublesome behavior to the labeled condition rather than the child himself. Because the child is not viewed as personally responsible for the problem, he can be seen more positively. Valins & Nisbett (1971) suggest that it can be particularly damaging to interpret deviant behavior as characteristic of a particular individual rather than to view the behavior as a universal response to a given situation.

Labels may also lead to more favorable attitudes toward the child because he is no longer compared with normal standards but with similarly labeled peers or even with his own past history. Thus, he rates more favorably because the criteria for judgment are lowered.

Regardless of the causes, the beneficial effects of closure and increased acceptance that we found must be considered before labels are abandoned as many critics have suggested. Part of the discrepancy between the previously reported negative effects of labeling (e.g., Hobbs, 1975) and the present positive effects may be due to the fact, that given a choice it is better for the child and his parents not to have behavioral disturbance, either named or unnamed. But if the child's behavior is not normal, then parents prefer to know what the problem is called rather than have no name. Furthermore, the desire to have a label may be strong enough that some parents will provide one for themselves even if the clinician doesn't. For example, one of our parents who said no diagnosis was given, wrote on the questionnaire, "We were told never to label her, but I call it minimal

brain dysfunction or learning disability." On the other hand, if our sample is characteristic of the practices of clinicians in general, most wisely use labels anyway, in spite of the current rhetoric to do the contrary.

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Table 1
Results of Experiment 2: Parent Questionnaire

1. The diagnosis for my child was _____. 2. When my child was evaluated, I was given a definite diagnosis.....	Correlation of Labeling (Q. 1 & 2) with ---		Means		ANOVA	
	Pearson r	p	Label Parents (N=39)	No Label Parents (N=9)	F(1.46)	p
Closure (Q. 3-6).....	+.27	.03	-1.95	- .11	3.93	.05
3. When my child was evaluated, I was given a clear explanation of his or her problem ...	+.41	.002	1.44	2.44	12.30	.001
4. I am not sure of what can and cannot be expected out of my child.....	-.19	.10	2.67	2.33	.71	.40
5. I understand the nature of my child's problem.....	+.11	.23	1.53	1.67	1.65	.20
6. I still have questions about my child's problem that need answering.....	-.08	.29	2.05	1.89	.24	.62
Acceptance (Q. 7-10).....	+.32	.01	-3.59	-1.44	5.58	.02
7. The joys of raising this child outweigh the problems.....	+.49	.001	1.28	2.33	10.97	.001
8. Sometimes it is difficult for me to accept my child.....	-.07	.32	3.20	3.00	.28	.60
9. My child is capable of more than most people give him or her credit for.....	+.05	.36	1.44	1.89	2.00	.16
10. Sometimes it is embarrassing to take my child out in public because others don't understand his behavior.....	-.23	.05	3.10	2.67	1.15	.29
Prognosis (Q. 11-14).....	+.19	.09	-4.85	-4.11	1.32	.25
11. It is not very realistic to expect that my child will improve a great deal.....	+.04	.40	3.61	3.78	.29	.59
12. When he grows up, my child will be able to put his or her abilities to good use.....	+.13	.11	1.15	1.22	.18	.67
13. It will be difficult for my child to be very successful in life.....	-.18	.11	3.59	2.89	4.31	.04
14. Treatment will probably be successful in helping my child.....	+.22	.06	1.20	1.33	.38	.54